Change of Address

Part I	Complete Th	is Part To Change	Your Home Mailing Ad	ddress							
Complet	e this part if the	address change aff	ects individual income t	ax returns	(Forms 540), 540A, 540EZ,	540NR, etc.).				
▶ If y	our last return v	was a joint return an	d you are now establish	hing a resi	dence sepa	rate from the spo	ouse with whom	1			
you	u filed that retur	n, check here								▶ □	
1a Your name (first name, middle initial and last name)								1b Your social security number			
									+ +		
2a Spouse's name (first name, middle initial and last name)								2b Spouse's social security number			
									+ +		
3 Pric	or name(s) See i	nstructions.									
4a Old	address (no., st	reet, city or town, state	and ZIP Code). If a PO	box or fore	eign address	see instructions.				Apt. no.	
									1 1		
4b Spc	ouse's old addre	ss. if different from lin	e 4a (no., street, city or to	own, state	and ZIP Cod	e). If a PO box or	foreign address.	see instruction	ns.	Apt. no.	
			(,,,				,				
5a Nev	v address (no. s	treet city or town star	e and ZIP Code). If a PC) hox or for	eign address	see instructions				Apt. no.	
04 1101	r address (no., c	troot, only or town, old	o una zii oodoj. ii a i c	DOX OF IO	oigir addroot	,, 000 mondono				7 tpt: 110.	
Dowt II	Commists Th	is Don't To Change	Varu Drainasa Mailina	. ^	au Dualna	Iti					
Part II	•		Your Business Mailing	y Address	or busines	SS LOCATION		7h Californ	ia cornora	tion number	
Check ALL boxes this change affects: 6 Business, Estate or Trust returns (Forms 541, 565, 568, 100, 100S, 109, 199 etc.)								75 Gaineir	na corpora	tion number	
		•	orms 541, 565, 568, 10	0, 1005, 1	109, 199 etc	.)					
7a Business, Estate or Trust location 8a Business, Estate or Trust name								8b FEIN			
oa bus	siness, Estate or	Trust name						OD FEIN			
		- I' - DO I	11 ' ' '								
9 Old No.	mailing address	s. If a PO box or foreign, Street	n address, see instruction		City or Town		State	ZIP Code		Room or suite no.	
		0001			, , o o		Class				
10 Nev No.	v mailing addres	ss. If a PO box or forei Street	gn address, see instructi		City or Town		State	ZIP Code		Room or suite no.	
140.					only or rown		Olaic	211 0000			
11 Nev No.	v business addr	ess. If a PO box or for ,Street	eign address, see instruc		City or Town		State	ZIP Code		Room or suite no.	
100.		Sileet		١	only of Town		State	ZIF Code			
Part III	Signature										
				,							
	Daytime	telephone number of p	person to contact (options	al) ▶ <u>(</u>)			_			
				1	I.				ı	I	
Please	Your signa			Date	J	If Dort II complete	ed, signature of own	or officer or ren	rocentative	Doto	
Sign	rour signa	ature		Date		n Fan ii complete	u, signature or own	ei, oilicei oi fep	icotilialive	Date	
Here				1							
	If joint retu	urn, spouse's signature		Date	—— J	Title					

For Privacy Act Notice, get form FTB 1131

A Purpose

You may use form FTB 3533 to notify the Franchise Tax Board (FTB) if you changed your home or business mailing address or your business location. Generally, complete only one form FTB 3533 to change your home and business addresses. If this change also affects the mailing address for your children who filed separate tax returns, complete a separate form FTB 3533 for each child. If you are a representative filing for the taxpayer, attach to form FTB 3533 a copy of your power of attorney.

Note: You may also notify the FTB of a change of address by calling (800) 852-5711. If you have called FTB and reported a change of address, you do not need to file this form.

B Prior Name(s)

If you or your spouse changed your name because of marriage, divorce, etc., complete line 3.

C Addresses

Be sure to include any apartment, room or suite number in the space provided.

D PO Box

If your post office does not deliver mail to your street address, show your PO box number instead of your street address.

E Foreign Address

If your address is outside the United States or its possessions or territories, enter the information in the following order: city, province or state and country. Follow the country's practice for entering the postal code. Please do not abbreviate the country name.

F Signature

If you are completing Part II, the owner, officer, or a representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who has a valid power of attorney to handle tax matters.

G Where to File

Send this form to:

FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0000

Note: If you moved after you filed your return and you are expecting a refund, also notify the post office serving your old address. This will help forward your check to your new address.